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ABSTRACT

Accreditation, the process by which an organization grants approval to an educational institution, is the central issue in several current debates among educators. Although a variety of issues figure in these debates, the major disagreements revolve around three questions: How should the accreditation procedures be determined? Who should participate in the accreditation process? What are the effects of accreditation? The standards and techniques for accreditation of schools of teacher education have been determined by committees, comprised mainly of professional educators and education associations. In the current study of accreditation methods, the work of Abraham Flexner is cited. Flexner, a layman, examined and evaluated medical schools in the early 1900's. Parallels are drawn between the methods he used (observation and common sense) and the evaluation processes of schools of education. Basic to the discussion of evaluation methods is whether or not a layman might be less biased in assessment than a professional in the field. Suggestion is made that accreditors might learn from Flexner and should abandon attempts to make accreditation procedures more "scientific," instead, turning control of the process over to laymen and devoting their energies to raising money for changes indicated by the resultant accreditation studies. (JD)

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FLEXNER, ACCREDITATION, AND EVALUATION

Robert E. Floden

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Abstract

Recent disagreements about the accreditation of institutions for teacher education have revolved around procedures, participation, and effects. Abraham Flexner's 1910 study of medical education is often cited as a model to be emulated. The Flexner report is examined here with regard to the current accreditation debates.

In many respects, Flexner is at odds with assumptions underlying accreditation arguments. His procedures were not those of quantitative social science, but of education common sense. He advocated participation of laymen, rather than of individuals with "inside knowledge" of the profession. He increased the effects of his study by providing financial and political incentives, not by altering his evaluative procedures.

Although Flexner stands opposed to those discussing accreditation, he would probably sympathize with many program evaluators. Recent contributions to the evaluation literature that take positions similar to Flexner's are discussed.

Accreditors might learn from Flexner and program evaluators that they should abandon attempts to make accreditation procedures more "scientific," instead turning control of the process over to laymen and devoting their energies to raising money for changes indicated by the resultant accreditation studies.

Finally, the possibility of a study of teacher education with impact comparable to the Flexner report is considered.

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FLEXNER, ACCREDITATION, AND EVALUATION

Robert E. Floden*

Accreditation: Issues and Debates

Accreditation, the process by which an organization grants approval to an educational institution, is the central issue in several current debates among educators. The major parties of these debates are the various representatives of elementary and secondary school teachers, on the one hand, and faculty members of schools of education, on the other. State education agencies also play an important part in these debates, but they have not been as much in the forefront as have the other two parties.

Although a variety of issues figure in these debates, the major disagreements revolve around three questions:

1. How should the accreditation procedures be determined?
2. Who should participate in the accreditation process?
3. What are the effects of accreditation?

In the debates over these questions, reference is often made to the Flexner report (1910), a study of medical education conducted early in this century (Lieberman, 1956; Haberman & Stinnett, 1973; Orlans, 1975). In this paper, the relevance of Flexner's study to the current debates will be examined (for other problems with comparisons between medicine and education, see Floden, 1978). Parallels will also be drawn between Flexner's procedures and some current issues in program evaluation.

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The National Council for Accreditation of Teacher Education (NCATE) is currently responsible for the accreditation of schools of teacher education. (Not every institution educating elementary and secondary school teachers is a school. Instead, they may be departments, programs, or colleges. In this paper, all such institutions will be referred to as schools.) The two organizations that take primary responsibility for the support of the NCATE are the American Association of Colleges for Teacher Education (AACTE) and the National Education Association (NEA). The majority of members (16 out of 19 in 1974) of the NCATE are representatives of either the AACTE or the NEA, and these representatives have been prominent in debates over accreditation.

The standards and techniques for accreditation of schools of teacher education have been determined by committees, comprised mainly of practicing teachers and teacher educators. The members of these committees have drawn on their own experiences and on the experience of previous accreditation committees in setting standards and criteria that have traditionally focused on the adequacy of the physical plant and the materials available for research, the qualifications of the teaching staff, the types of courses students are required to take, and on the entrance requirements for prospective students of the institutions. More recently, particularly in the wake of certain legal proceedings, increased emphasis has been placed on determining what the empirical relationship is between accreditation standards and performance of graduates of the program (Maucker, 1967; Zook & Haggerty, 1936; Dickey & Miller, 1972; Study Commission on Undergraduate Education and the Education of Teachers, 1976). Critics of current accreditation criteria insist on the need for standards based on research and for the use of

quantitative social science techniques.

The question of what groups should participate in the accreditation process has recently been transformed into the question of which groups will control the process (Orlans, 1975; Howsam, Corrigan, Denemark, & Nash, 1976; Bush & Enemark, 1975; Selden, 1960). The NEA has vigorously defended the position that the accreditation process should be controlled by elementary and secondary school teachers, presumably represented by the NEA (Knispel, 1975; Cyphert & Zimpher, 1975). This teachers' organization has argued that its members are most clearly aware of the needs of teachers, and so are best equipped to judge whether an educational institution is working to meet those needs. The AACTE has taken an opposing position, asserting that its members have an equal, if not better, awareness of teacher needs, an awareness gained both through theoretical study of teaching and through the experiences of preparing a large number of teachers (Cyphert & Zimpher, 1975). Furthermore, teacher educators (i.e., faculty of AACTE member institutions) are the only ones with sufficient experience in the preparation of teachers to determine adequately how teacher education should be conducted.

Opinions on the question of the effects of accreditation vary. Most representatives of both the NEA and the AACTE assume that accreditation is an effective means for controlling the quality of teacher education, though it could be made even more effective (Proffitt, 1975; Mayor & Swartz, 1965). However, some individuals see little value in the current accreditation process and would have it either drastically changed or abandoned (Knispel, 1975). The minority position is that accreditation is very expensive and has not demonstrated its effectiveness in changing or eliminating poor quality teacher education institutions. Although little evidence exists to support either

position in this debate, recent findings appear to support the criticism that the process of accreditation has not proved effective (see, for example, Tyler, Note 1; Guba & Clark, 1976). This criticism is often coupled with the position advocating procedures supported by the weight of research evidence (Koff & Florio, 1977a,b). Since little research evidence is available to support any procedure, the critics would prefer to discontinue accreditation until the evidence becomes available. The supporters of accreditation uphold their position by asserting that other grounds (such as common sense) may be used to support the efficacy of accreditation, referring for evidence to the success of accreditation in other fields.

The Flexner Report

In the context of these debates on the determination of, participation in, and effects of accreditation procedures, reference is often made to the procedures used in medicine (Orlans, 1975; Lieberman, 1956; Howsam, et al., 1976). These procedures are used both as examples of accreditation conducted "as it should be" and as examples of the potential value of accreditation. In both contexts, the Flexner report (1910) inevitably emerges as an exemplar of accreditation guidelines. Although Flexner's study of medical education in the United States and Canada was not accreditation in the strict sense (medical schools did not participate voluntarily), it was certainly accreditation in the broad sense -- the private judgment of educational institutions.

While Flexner's report is frequently cited, it has seldom been carefully examined for solutions to current accreditation difficulties. Flexner's study was part of an effort by the American Medical Association (AMA) to reduce the number of medical schools. The AMA also hoped to

bring all the remaining schools in line with a set of standards it had developed in conjunction with the Council on Medical Education of the Association of American Medical Colleges. A liason committee of these two organizations had begun to accredit medical schools in 1907, three years before Flexner published the report in which he found 155 medical schools operating in the United States and Canada. By 1927, the number had dropped to 80. Since that time, the number of schools has increased slowly, reaching 107 in 1975.

Flexner's American medical education study was also sponsored by the Carnegie Foundation for the Advancement of Teaching as part of its larger effort to identify institutions with faculty deserving of Carnegie support. Flexner and one associate visited every existing medical school in the United States and Canada, using their observations to prepare the Carnegie report. "Bulletin Number Four," as the report is officially known, received wide publication even outside the Foundation.

> It produced an immediate and profound sensation, "making," as we say nowadays, "the front page." The medical profession and the faculties of the medical schools as well as the state boards of examiners, were absolutely flabbergasted by the pitiless exposure. We were threatened with lawsuits, and in one instance actually sued for libel for $150,000. I received anonymous letters warning me that I should be shot if I showed myself in Chicago, whereupon I went there to make a speech before a meeting called by the Council on Medical Education and returned unharmed.
>
> For further details I must refer my readers to "Bulletin Number Four" itself, which is written in simple English, for I had only such knowledge of terminology as a layman could pick up in a short space of time; but such a rattling of dead bones has never been heard in this country before or since. Schools collapsed to the right and left, usually without a murmur. A number of them pooled their resources. The seven schools of my native city, which Councilman notwithstanding, I had described with the same candor employed elsewhere, were reduced to one. The fifteen schools in Chicago, which I had called "The plague spot of the country in respect to medical education," were shortly consolidated into three. (Flexner, 1960, p. 87)*

*Flexner's autobiography, I Remember, was originally published in 1940. A revised edition was published in 1960.

Flexner was an educator, but not a medical educator. He graduated from Johns Hopkins University in 1886 and taught school for four years, then established his own school in his hometown of Louisville, Kentucky. After completing his first medical education study, he went abroad to investigate the medical education provided in Great Britain and in Europe. He advised many philanthropists and founded the Institute for Advanced Studies at Princeton, New Jersey.

The reasons for Flexner's honorable mention in the current accreditation debates are obvious. He seems to have achieved a major goal of accreditation -- the elimination of inferior educational institutions. In addition, the profession of medicine has maintained a status level which all occupations covet. Flexner's study appeared to play some part in attaining this level, and accreditors aspire to duplicate his achievement in education.

Flexner's Answers to the Current Debates

The Flexner report does provide guidance for accreditation in education, with particular reference to the three questions cited earlier: (1) How should accreditation procedures be determined? (2) Who should participate in the accreditation process? and (3) What are the effects of accreditation? Flexner's guidance, however, may be surprising to those who cite the report without thorough examination. In many respects, an emulation of Flexner would entail a rejection of many popular assumptions about accreditation issues. Flexner's methods are currently spurned. His participants correspond neither to the AACTE nor to the NEA; his hopes for positive effects of accreditation include additional conditions such as financial support, which find no place in the current debates.

How Should Accreditation Procedures Be Determined?

Flexner's methods were not those of quantitative social science research, but rather those of educated common sense. He dispensed with the need to examine standards of evaluation chosen by means of research on associated outcomes by insisting that the standards were obvious. These criteria related to:

> First, the entrance requirements. What were they? Were they enforced?
>
> Second, the size and training of the faculty.
>
> Third, the sum available from endowment and fees for the support of the institution, and what became of it.
>
> Fourth, the quality and adequacy of the laboratories provided for the instruction of the first two years and the qualifications and training of the teachers of the so-called preclinical branches.
>
> Fifth and finally, the relationship between medical schools and hospitals, including particularly access to beds and freedom in the appointment by the school of hospital physicians and surgeons who automatically should become clinical teachers. (Flexner, 1960, p. 79)

Flexner did not claim support for these standards by reference to empirical studies. He saw no need for such support; if the criteria are obvious, why waste time on research to prove their worth?

Similarly, Flexner was no believer in sophisticated measurement techniques using objective instruments to determine how the schools fared with regard to these standards. Flexner spent only one day visiting a medical school and administered no objective tests. He went into the school with his eyes and ears open, looking for the "obvious" indicators of school quality. His procedure was simple, quick, and (he thought) reliable.

> It will be urged by weak schools that... in the time devoted to the examination of a single school it is impossible to do it justice....in my opinion, the objection is without force. A

> trained observer of wide experience can go directly to the heart of a problem of this character. The spirit, ideals, and facilities of a professional or technical school can be quickly grasped. In every instance in which further inquiry has been made, the conclusions reached by the author of the report have been sustained. (Pritchett, 1910, p. Xiii)

> In half an hour or less I could sample the credential of students filed in the dean's office, ascertain the matriculation requirements (two years of high-school work, high-school graduation, two years of college work, or, finally, a college degree), and determine whether or not the standards, low or high, set forth in the school catalogue were being evaded or enforced. A few inquiries made clear whether the faculty was composed of local doctors, not already professors in some other local medical school, or the extent to which efforts had been made to obtain teachers properly trained elsewhere. A single question elicited the amount of the income of a medical school, and a slight operation in mental arithmetic showed the approximate amounts available for full-time teachers or for distribution as "dividends" among the practicing physicians who were "professors." A stroll through the laboratories disclosed the presence or absence of apparatus, museum specimens, library, and students; and a whiff told the inside story regarding the manner in which anatomy was cultivated. Finally, the situation as respects clinical facilities was readily clarified by a few questions, directed in succession--and separately--to the dean of the school, the professors of medicine, surgery, and obstetrics, and the hospital superintendent--questions which were designed to ascertain the extent to which the school enjoyed rights or merely courtesies in the hospitals named in the school catalogue.
>
> In the course of a few hours a reliable estimate could be made respecting the possibilities of teaching modern medicine in almost any one of the 155 schools I visited in the United States and Canada. (Flexner, 1960, p. 79)

In choice of standards and measurement techniques, Flexner differs from prevailing trends in accreditation. Although contemporary accreditators have not been able to provide a research basis for their standards, they apologize for its absence and are anxious to provide such a basis (Maucker, 1967; Study Commission on Undergraduate Education and the Education of Teachers, 1976). Rather than considering common sense as an obvious criterion for justifying evaluative standards, current opinion holds that common sense is certainly second best, perhaps even inadequate in such a role. In the choice of measurement techniques, current accreditators do rely largely on college catalogs and unstructured

interviews with personnel and students, but while Flexner considered these techniques well suited to the task, they are now held in low regard.

Who Should Participate in Accreditation?

Flexner would probably anger both the AACTE and the NEA with his answer to the question of who should participate in the accreditation process. The two organizations disagree on which one should have ascendancy in the process, but they both assume that members of the education profession (where the profession is taken to include teacher educators) should have primary responsibility. The Flexner study had quite a different staffing policy. The individual in charge of the study--Flexner himself--was not a member of the profession whose education was studied. Dr. Henry S. Pritchett, the president of the Carnegie Foundation, made a special point of choosing someone outside medicine.

> It occurred to me that Dr. Pritchett was confusing me with my brother Simon at the Rockefeller Institute, and I called his attention to the fact that I was not a medical man and had never had my foot inside a medical school.
>
> He replied, "That is precisely what I want. I think these professional schools should be studied not from the point of view of the practitioner but from the standpoint of the educator. I know your brother, so that I am not laboring under any confusion. This is a layman's job, not a job for a medical man." (Flexner, 1960, p. 71)

At first, Flexner's lack of specific knowledge of the field made him uncertain of his ability to conduct the study properly. Afterwards, however, he was convinced that the choice of someone outside the field was wise.

> Time and again it has been shown that an unfettered lay mind, if courageous, imaginative, and determined to master relationships, is, in the very nature of things, best suited to undertake a general survey....The expert has his place, to be sure; but if I

> were asked to suggest the most promising way to study legal education, I should seek a layman, not a professor of law; or for the sound way to investigate teacher training, the last person I should think of employing would be a professor of education. Dr. Pritchett was right: even though I might well have been the wrong choice, the proper person to study medical education was a layman with general educational experience, not a professor in a medical school. (p. 71)

Flexner's position stands opposed to the frequently-used argument that the proper accreditation of professional schools requires an inside knowledge of the profession. The AACTE and the NEA only disagree on which group has better claim to professional knowledge. Yet the Flexner report, lauded though it is, was written by a man without such professional knowledge, a man who possessed, instead, a broad general background.

What Are the Effects of Accreditation?

While Flexner opposes modern accreditors on the issue of who should participate in the accreditation process, he is in clear agreement with all parties that his study was uniquely influential. Although credit for the decline in the number of medical schools is claimed, with some justification, by other organizations, no one denies that Flexner was largely responsible for the speed with which the schools disappeared. Few quarrel with Flexner when he asserts that the schools that disappeared were largely inferior to those that remained

Flexner distinguishes himself by emphasizing the context within which accreditation studies can have a positive effect. In recent debates, both those who claim accreditation has a positive effect and those who claim it has little or no effect have placed little weight on the factors influencing effectiveness. Flexner, on the other hand, was particularly sensitive to these issues and worked to create a situation where the improvements suggested by his study would be carried out.

In particular, Flexner recognized the importance of money. Obvious though the importance of money for improvements may seem, it is an area often neglected in accreditation. Changes of any substance require money. Inertia, particularly in academic institutions, is a large obstacle to change. Any change which also involves financial sacrifice is not likely to occur.

Flexner not only said that institutions needed money to make improvements, he also aided the institutions in obtaining funds. Flexner engineered the disbursement to medical schools of over $50 million of Rockefeller money. The Rockefeller contributions inspired further contributions of more than ten times that amount. Flexner's direct and indirect influence probably provided medical schools with the modern-day equivalent of over $2 billion for program improvement.

The importance of proper support for suggested changes seems to be ignored in contemporary accreditation debates. Those who argue the value of accreditation imply that needed changes will take place regardless of other factors. Those disappointed by accreditation's apparent lack of impact often lay the blame on accreditation, not recognizing that the process itself can hardly be expected to produce improvements when adverse conditions exist.

If accreditors instruct an institution to make particular changes, three options are open. First, officials may amass the necessary funds and make the changes. Second, they may decide the changes cannot be made and close their doors. Third, they may decide not to worry about what the accreditors say and make no changes. If an institution exercises either of the first two options, the aims of accreditation have been realized. When the third option is taken, the process of accreditation has failed to achieve its main purpose.

In Flexner's study, many schools were so obviously inadequate that public opinion removed the third option. For many of the better schools, Flexner provided funds to allow necessary improvements. In both cases, Flexner's accreditation procedures were successful.

In the case of schools of teacher education accreditations, on the other hand, the third option is far more often taken. Two factors contribute to this. First, few schools of teacher education are as obviously deficient as inferior medical schools. In addition, Flexner's common sense criteria were readily accepted by the public as minimum standards for medical education and demonstrated failure to meet those standards was condemned. Few schools of teacher education are so obviously deficient that they would be forced to close by the weight of public opinion.*

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*The following is the description of one school as taken from Flexner's (1910)report.

California Medical College. Eclectic. Organized at Oakland in 1879, this school has led a roving and precarious existence in the meanwhile.

Entrance requirement: Nominal.

Attendance: 9, of whom 7 are from California.

Teaching staff; 27, of whom 26 are professors.

Resources available for maintenance: Fees, amounting to $1060 (estimated).

Laboratory facilities: The school occupies a few neglected rooms on the second floor of a fifty-foot frame building. Its so-called equipment is dirty and disorderly beyond description. Its outfit in anatomy consists of a small box of bones and the dried-up filthy fragments of a single cadaver. A few bottles of reagents constitute the chemical laboratory. A cold and rusty incubator, a single microscope, and a few unlabeled wet specimens, etc., form the so-called "equipment" for pathology and bacteriology.

Clinical facilities: There is no dispensary and no access to the County Hospital.

The School is a disgrace to the state whose laws permit its existence.

Date of visit: May, 1909. (p. 190)

Secondly, funds for program improvement are not so readily available to schools of teacher education as Flexner made them to medical schools. Thus, many schools which acknowledge the need for improvement are unable to act because of adverse financial conditions. Failings in accreditation of schools of teacher education may be partly explained by the absence of clearly inadequate schools and the absence of funding for improvements.

Flexner, though rated highly for his work on Carnegie Report Number Four, seems at odds with current opinions on all three accreditation issues. On the question of choice of standards and methods, he lauds common sense and simple observation above current emphasis on objective social science. On the choice of accreditation personnel, he supports the use of generally-educated laymen, rather than choosing anyone with professional knowledge of the field. Finally, in the area of effects of accreditation, Flexner acknowledges his own success, but emphasizes the importance of factors no longer carefully considered -- chiefly the provision of financial support for recommended changes.

Accreditation and Program Evaluation

Although Flexner stands opposed to those discussing accreditation, he would probably sympathize with many of the recent positions taken by members of a closely related field--program evaluation. Even though accreditation can be thought of as a part of program evaluation, discussions of accreditation and of broader issues of program evaluation seem totally separate (a notable exception is the important work in both fields conducted by Orlans, 1971, 1975). Those discussing accreditation often cite Flexner but seldom concur with his positions;

those discussing evaluation seldom cite Flexner but often support his positions.

Although the majority of program evaluators lean toward the methods of objective social science, two influential members of the evaluation community have recently advocated the use of common sense and unstructured observation. In major presentations at the 1974 meeting of the American Psychological Association, Donald T. Campbell and Lee J. Cronbach partially reversed their earlier positions to advocate a return to non-quantitative methods of evaluation (Campbell, 1974; Cronbach, 1975).

Campbell argues that common sense is in many respects the basis of all other knowledge and must take a central position among the various ways of evaluating any program. Common sense knowledge pervades all knowledge, even that of quantitative social science. Although Campbell does not reject quantitative evaluation methods, he does not believe that common sense as an evaluative tool should be rejected unless some other procedure is demonstrably better. Too many modern evaluators have adopted quantitative methods and rejected common sense without demonstrating that common sense has been surpassed in effectiveness. Campbell (1974) advocates a renewed emphasis on common sense knowledge and qualitative methods.

> I have sought to remind my quantitative colleagues that in the successful laboratory sciences, quantification both builds upon and is cross-validated by, the scientist's pervasive qualitative knowledge. The conditions of mass-produced quantitative social science in program evaluation are such that much of this qualitative base is apt to be lost. If we are to be truly scientific, we must reestablish this qualitative grounding of the quantitative in action research. (p. 30)

Cronbach (1957) was one of the first to point out that an educational treatment might not have the same effect on all individuals. His influential paper led to a wide variety of research on the differential

effects on individuals of varying aptitude (aptitude-treatment interaction, or ATI, studies). When he reviewed 20 years of ATI research (1975), he found that the number of such variations in treatment effects was enormous. When the effect of the treatment depends on so many qualities of the individual, it becomes difficult, if not impossible, to speak of some single treatment effect. Rather, one must give a detailed description of the individuals to whom the treatment was given in order to incorporate all the individual differences affecting the treatment effect produced. A detailed description of the individuals treated and the effects on each of those individuals must be produced, rather than describing an experiment to investigate a single treatment effect. The problem is compounded by changes in treatment effects over time. Cronbach (1975) concludes that the difficulties in finding generalizable evaluative results by quantitative methods may be insurmountable. One suggestion for salvaging useful knowledge from program evaluations is to attempt to capture complexity by increasing emphasis on simple observation and reporting.

> The two scientific disciplines--experimental control and systematic correlation--answer formal questions stated in advance. Intensive local observation goes beyond discipline to an open-eyed, open-minded appreciation of the surprises Nature deposits in the investigative net. This kind of interpretation is historical more than scientific. I suspect that if the psychologist were to read more widely in history, ethnology, and the centuries of humanistic writings on man and society, he would be better prepared for this part of his work. (p. 125)

Supporters of ethnographic methods in education research go beyond Campbell and Cronbach to advocate the primacy of common sense and unstructured observation. These techniques, traditionally used in anthropological studies of primitive cultures, have recently been applied in evaluation and research studies (Cusick, 1973; Wolcott, 1973, Note 2; Wilson, 1977). Ethnographers argue for these techniques both from

successes in anthropology and from the philosophical position that human interaction cannot be described in objective terms of time and motion, but must also include reference to the meanings which the humans attach to their actions (Winch, 1958; Natanson, 1963).

Although Flexner advocated the use of common sense, his reasons differ from those of Campbell, Cronbach, and the ethnographers. Flexner reasoned that common sense was adequate to the job; he was not rejecting any alternative approaches since, at the time, there were none. Flexner's work was conducted before quantitative measurement had invaded, eventually to engulf, social science. He could not be expected to defend common sense against criticisms not yet voiced. Of all the supporters of common sense as a valid evaluative method, Campbell comes closest to Flexner's rationale when he emphasizes the dependence of <u>all</u> observation, measurement, and evaluation on common sense.

Viewed in another way, Flexner holds a position that is quite modern in its naive reliance on common sense. Popper (1972), for example, repudiates many forms of skepticism through his acceptance of a position of realism. This position is at heart one of common sense (as Popper admits), and its defense against opposing positions is not to point out their flaws, but to accept what common sense indicates until good reason has been given for rejection. A demonstration that common sense <u>might</u> be wrong is not sufficient reason to abandon it unless an alternative is proposed that will serve better than common sense in all situations. Quantitative social science has never provided such an alternative but has merely indicated the possibility of error when relying on common sense.

The return to the use of common sense can be seen as the reinstatement of a valid evaluative tool, rather than as the introduction of any

new merits of the method. It is not that the use of common sense has been shown to be better than other procedures, but that its new competitors were oversold and are now being more accurately assessed.

Flexner's position on the personnel to be involved in accreditation is both supported and supplemented by a number of works on the methods of evaluation. The distinction between internal and external evaluators captures much of the difference between Flexner and those advocating professional participation in the accreditation process. An internal evaluator is closely associated with the program under consideration, paralleling the accreditor who is a member of the profession he is evaluating. An external evaluator is not associated with the professional program and corresponds to Flexner's layman.

Although the analogy is not perfect, most of the points made about internal and external evaluators will apply to the distinction Flexner makes between laymen and members of the profession participating in accreditation. Internal evaluators have the advantage of greater knowledge of the professional program they are evaluating (Agarwala-Rogers, 1977; Freeman, 1977). They have prolonged experience and can understand the program's complexity. In addition, they are familiar, perhaps causing program staff members to be more open with them. A program director is likely to listen sympathetically to suggestions for program changes because he knows that the evaluator understands program operations.

Similarly, the accreditor who is a member of the profession he is assessing has the advantage of detailed knowledge. He will probably be treated by those he is studying as "one of us." Recommendations made may carry added weight since they come from one who appreciates the complexities of the profession.

Sympathy with the program may put internal evaluators at a disadvantage, however, since they may overlook obvious problems. Their familiarity with the program may lead them to take controversial procedures and goals for granted. The internal evaluator may be unwilling to make serious criticisms, either because those to be criticized are superiors and friends, or because his association with the program brings his criticisms back upon himself (Scriven, 1976; Tumin, 1975; Freeman, 1977). Internal evaluators also often lack the power to enforce their suggested changes.

Similar disadvantages apply to accreditors drawn from the ranks of the profession to be evaluated. Socialization into the profession leads them to take questionable practices for granted. Professional ties to other members of the profession may weaken or eliminate criticism, and the accreditor may feel that criticism of the program reflects on him as a member of the profession. Finally, he holds little power to enforce changes.

The case of external evaluators and lay accreditors is just the reverse; all the advantages noted above are disadvantages, and all the disadvantages, advantages. Flexner explicitly considered the most serious disadvantage to the use of lay accreditors, that of lack of understanding of the profession. While acknowledging this potential weakness, he asserted that general knowledge was sufficient for the study of an educational institution. More detailed professional knowledge, he argued, would have effected only marginal improvement in the accreditation study at the expense of impartiality. Flexner (1960) even refused the offer extended by the American Medical Association to assist him via the establishment of an advisory board of physicians. Flexner was

aware that a member of the profession acting as an accreditor might have some advantages over a layman (although it is not clear whether he had considered all the advantages cited above), but he strongly preferred lay accreditors for all his accreditation studies.

The seeming success of Flexner's study might be attributed to political forces already moving at the time to eliminate inferior medical schools. Flexner, of course, challenged that position, and rightfully so. Although the number of medical schools had begun to decline prior to Flexner's study, the trend fails to account for the dramatic decrease after 1910.

Many discussions of the impact of recent program evaluations have been attempts to explain their apparent failure. Evaluators have often felt that their studies were ignored (Williams & Evans, 1969; Gramlich & Koshel, 1975). The literature explaining this apparent failure follows two main themes. First, evaluation results are only used when they fit the decisions officials have already made (Williams & Evans, 1969; Orlans, 1971). An evaluation that criticizes a politically unpopular program will be used to justify dismantling the program. Otherwise, evaluation reports will be quietly filed and forgotten. Seemingly unsuccessful accreditation programs may have received similar reactions. The analogy to program evaluation is not strong here, since the medical school case lacks a corresponding central body with power to discontinue programs.

Second, the evaluations may have only outwardly failed. Cohen and Garet (1975) have argued that evaluations influence policy decisions by causing changes in beliefs about the programs evaluated. Evaluations

appear to fail only if a narrow set of decisions is considered. Floden and Weiner (in press) suggest that evaluations may serve many functions beyond the provision of information for specific policy decisions. The functions include an increase in the reflective thinking of program staff, a smoothing of the process of social change, and an increase in general feelings of well-being. None of these arguments appears in the accreditation literature. An application of these evaluative approaches might add worthwhile dimensions to the appraisal of accreditation.

The contemporary literature which best reflects Flexner's particular emphasis on context, particularly fiscal context, is probably found not in evaluation, but in the related area of organization theory. Organization theorists are often cited when evaluators are explaining particular results of evaluations and are identifying ways to increase the likelihood of evaluation use. A basic tenet of the writings of organizational theorists is that organizations resist change and, hence, must be put under pressure before change will occur. The response to change may be a reexamination leading to the best possible changes; organizations are more likely, however, to make the minimal adjustment which will alleviate the pressure (March & Simon, 1958; Cyert & March, 1963; Steinbruner, 1974). Flexner (1960) recognized this problem and often grew impatient with the creeping pace of institutional decision making. His solution, as indicated earlier, was to smooth the way for change by providing money for adjustments. In general, Flexner was aware that the context of an accreditation study would influence its impact. He seems to have been less aware of the variety of contextual variables and outcomes than are current writers in accreditation. Accreditation debates would benefit from an examination of current evaluation discussions foreshadowed by Flexner.

Current Implications of the Flexner Report

Flexner is often cited in accreditation literature as someone who made accreditation work. Those who cite him have generally failed, however, to examine how Flexner got accreditation to work and how his procedures might have application today. Much of what Flexner did is being rediscovered in modern evaluation literature, often without reference to Flexner. Accreditors can learn from Flexner and from the modernizations of his views found in program evaluation literature.

If one takes Flexner's work as a model, the criteria by which accreditation standards and methods are chosen shifts from an emphasis on objective social science to an emphasis on common sense and unstructured observation. This may not represent a great shift from current practice, but it certainly represents a shift in aspirations and the way in which current practice is perceived. It is a mistake to demand that the standards and methods of teacher education be validated by empirical research on student performance; common sense is enough. On this stand, Flexner would receive support from a number of contemporary evaluation leaders.

In addition, Flexner would seek to end the debate over whether the NEA or the AACTE should control the accreditation process by declaring that neither should. Rather, he would probably give control to a board made up of laymen. He might try to remove teachers and teacher educators from the process altogether. Although he would receive support from current evaluators in this move, other evaluators would be quick to point out the possible disadvantages of this approach.

Flexner would also show no surprise at claims of accreditation's failure. He would point out that change is not likely to occur unless

the change is made possible by mobilizing public opinion and providing financial support. Some evaluators (Campbell,1969; Ross & Cronbach, 1976; Weiss,1972; Tumin, 1975) would support Flexner in this stance, expanding on his position to indicate other influencing variables as well as other indicators of accreditation success.

In summary, accreditors might learn from Flexner and program evaluators that they should abandon attempts to make accreditation procedures more "scientific," instead turning control of the process over to laymen and devoting their energies to raising money for changes indicated by the resultant accreditation studies. Perhaps then their hopes for a Flexner report in education might be realized.

Final Notes

The success of the Flexner report must be at least partially attributed to the man himself. He had a dynamic writing style that dramatically presented the schools as he saw them, a knack for raising funds for his projects, and a good sense of timing. Although the Carnegie Report Number Four is the achievement with which he is most often associated, the breadth of his other achievements reinforce the impression that he was a remarkable individual. It is unlikely that anyone else could have had his impact on medical education.

Even Flexner might have a difficult time duplicating his feat in the field of teacher education. It is not as easy to come by $50 million as it seems to have been in the first quarter of this century, and money does not buy nearly as much now as it did then. While schools of teacher education may not require as expensive a physical plant as that of a medical school, an institutional change of comparable scope to that inspired by Flexner would still be incredibly costly.

Furthermore, it is difficult to believe that any of the schools of teacher education operating today are as strikingly inadequate as those Flexner portrayed in his report. Perhaps Flexner could write a description of a school of teacher education that would stir the public as his Carnegie report did, but that possibility seems remote. Yet even if it is unreasonable to anticipate a Flexner report on teacher education, it may not be unreasonable to expect some positive effects of accreditation. Following the example of Flexner and current evaluation trends may be a better way to achieve those effects than any of the options presently under consideration.

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